

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/660,115
	Filing Date	September 10, 2003
	First Named Inventor	Jonathan AXON
	Art Unit	1624
	Examiner Name	V. Balasubramanian
	Attorney Docket Number	219002029400

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client requested transfer

CORRESPONDENCE ADDRESS			
1.	<input type="checkbox"/>	The correspondence address is NOT affected by this withdrawal.	
2.	<input checked="" type="checkbox"/>	Change the correspondence address and direct all future correspondence to:	
	<input type="checkbox"/>	The address associated with Customer Number: 	
OR			
<input checked="" type="checkbox"/> Firm or Individual Name	Mark Warfield Associate Patent Counsel Johnson & Johnson		
Address	1 Johnson & Johnson Plaza		
City	New Brunswick	State	NJ Zip 08933
Country	U.S.A.		
Telephone		Email	
Signature	/Kato H. Murashige/		
Name	Kate H. Murashige	Registration No.	29,959
Date	June 5, 2008	Telephone No.	(858) 720-5112
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.			